FROM :DEER ACCTG FAX NO. :8637736629 Apr. 23 2005 10:42AM P3

FILED
Apr 25, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100717

1. Entity Name
THE SENIOR GROUP, INC.

Principal Place of Business
466 E TREVINO CR
AVON PARK, FL 33825 US

Mailing Address
466 E TREVINO CR
AVON PARK, FL 33825 US

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

04232005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0876997
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITCH, CHRISTINE
466 E TREVINO CR
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	FITCH, CHRISTINE	
STREET ADDRESS	2785 S. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	VD	☐ Delete
NAME	LUCIANI, GARY J	
STREET ADDRESS	466 E TREVINO CR	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	U00000830283	
STREET ADDRESS	04/25/05--80153--019 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Fitch 4/23/05 863-382-2546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRISTINE FITCH